

<b>MOTOR ACCIDENT CLAIM FORM – CIB Ref :</b>	
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**Policyholders Name:**

**Address:**

**Business / Occupation:**

**Branch:**

**Policy Number:**

Are you VAT Registered:                      Yes / No      If partially exempt:                      %

**Section 2 Your Vehicle**

Make / Model			
Registration Number:			No. of seats
Value:	<b>£</b>		Mileage
Date of purchase:			1 <sup>st</sup> registered:
GVW:			Engine Size:
Is vehicle modified from original manufacturers specification:	Yes / No	If yes give details:-	
Is the vehicle subject to an HP agreement or lease contract:	Yes / No	If yes give name and address of company and lease number:-	
Are you the owner of the vehicle:	Yes / No	If no give details:-	
Is the owner VAT registered:	Yes / No		

**Section 3 Driver or last person in charge of vehicle:**

Full Name:				<b>DOB:</b>		
Address:						
Occupation						
Employer:						
How long employed:						
Has the driver had any convictions in the last 5 years:	<b><i>Conviction Code</i></b>	<u>Date</u>	<u>Fine</u>	<u>Points</u>		
Type of licence held:	Full / Provisional		Date passed			
Driving licence number:						

Is the driver the main user of the vehicle:	Yes / No	If no who is:-
What was the purpose of the journey:		

**Section 4: Your vehicle damage:-  
(Only complete if you are claiming for damage)**

Please describe damage:		
Is the vehicle still in use:	Yes / No	If no where is it currently:-
Can it be moved to Insurers approved repairer:	Yes / No	
Have you instructed a garage to start repairs:	Yes / No	If yes name and address:-

**Section 5: Theft or attempted Theft  
(Only complete if you are claiming for a Theft or Theft damage)**

Was the vehicle left unattended	Yes / No	If yes in what circumstances:-	
Did you remove the ignition key:	Yes / No	If yes who has the keys now	
Were the doors / boot locked:	Yes / No		
Was a security device in operation:	Yes / No	If yes state type make and model	
Was the vehicle in a garage at the time of the incident:	Yes / No		
Were any personal effects stolen from or with the vehicle:	Yes / No	If Yes:-	
	<u>Owner:</u>	<u>Description:-</u>	<u>Value:-</u>
<b>Send supporting documentation to Head Office</b>			£

**If the vehicle has not been recovered or is beyond economical repair please forward the following:-**

- **Registration Document**
- **Purchase Invoice**
- **Recent Service Invoices**
- **MOT Certificate/Plating Certificate**
- **HP / Lease Agreement**
- **All Keys to the vehicle**

**IMPORTANT – SEND THESE BY RECORDED DELIVERY**

**Section 6 Incident Details**

Date and time of accident:

	/		/		:		AM / PM
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Where exactly did incident occur?  
(Street / Town / etc)

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Was the incident reported to police?

Yes / No (If yes state address of Station, Officers name and number, and reference number allocated to incident)
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Has anyone been prosecuted as a result of this incident?

Yes / No	If yes give full details:
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Who do you consider to blame for this incident:

Self / Other Person / Both Delete as applicable
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**Section 7 Description of occurrence**

Where helpful, forward a diagram or sketch:-

**Section 8 Other motor vehicles or property damaged**

Owner / Drivers name:

Address:

Telephone:

Make / Model / Registration Number or details of property

Nature of Damage:

Insurers (name address and policy number)

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**Section 9 Injured Persons**

<u>Name</u>	<u>Address</u>	<u>Injuries sustained</u>	<u>State whether wearing seatbelt</u>	<u>If passenger state which vehicle</u>

**Section 10 Witnesses to Accident**

Name	Address	If passenger state which vehicle

**Section 11 Additional Information Questions or clarifications:**

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**Section 12 Declaration:**

I / We declare that the above statements are true and correct to the best of my / our knowledge and belief. I / We have not withheld from the insurer any information within my / our knowledge connected with this claim. I / We Agree to provide the insurers with any further information or documentation as may be reasonably be required. I / We understand that Insurers do not admit liability by the issue of this form.

Name of person completing form		Date:	
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No signature attaches as sent electronically

**Fraud warning: The submission of a bogus or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a claim, may invalidate the whole claim and lead to your policy being declared void.**